

PRIVACY ACT STATEMENT

The information requested on this form is required under the provisions of 34 U.S.C. 820h and 820c, for the purpose of discharging Federal money. The information requested is to identify the previous credits and the amounts to be paid. Failure to furnish this information will hinder discharge of the previous obligation.

000854



DEPARTMENT OF THE ARMY
Headquarters, 3rd Brigade Combat Team
3rd Infantry Division
FOB Warhorse, Iraq
APO AE 09397

REPLY TO
ATTENTION OF:

AFZP-VI-JA

20 December 2005

MEMORANDUM OF OPINION

SUBJECT: Claim of [REDACTED], 06-IA5-182a

1. Claimants name and address: [REDACTED], Baqubah, Iraq
2. Incident date and place the incident occurred giving rise to the claim: Incident occurred on 21 November 2005 in Baqubah, Iraq.
3. Amount of claim and filing date: Claimant filed a claim in the amount of \$14,000 on 17 December 2005.
4. Chapter the claim was considered under and a brief description of the incident or of the issues raised by the claimant on reconsideration: Foreign Claims Act and Chapter 10, AR 27-20; filed for compensation for two deaths and two injuries.
5. Facts: Claimant's two children were killed and wife and child were injured when elements of 3d BCT, 3d ID and 3rd BN, 3d BDE, 5 DIV IA fired from a convoy at their vehicle.
6. Opinion: In order to form a basis for a claim under the FCA, the incident in question must have arisen outside the United States. In addition, the incident must be caused by either non-combat activities of the United States Armed Forces or by negligent or wrongful acts of military members or civilian employees of the Armed Forces. TF Badger's S-3 Officer verifies the occurrence of this raid and the facts and circumstances surrounding this incident.
7. Recommended Action: This claim is payable under the FCA for the above mentioned reasons. Consequently this claim is approved for \$14,000.

[REDACTED]
CPT, JA
Claims Judge Advocate

000855

Claims Form CF-1

1. To: United States Army Foreign Claims Commission.

From: Name: _____

Address: _____

I am

- a. A citizen and national of: Iraq
- b. A permanent resident of: _____
- c. Employed by: _____

2. I hereby make a claim against the United States Government for damages or injuries caused by: (Unit Name or Individual)

CP

claimant

3. The property damaged is owned by: _____

Baghdad

Iraq

4. My claim arose at: _____ (Town) _____ (City) _____ (Country)

5. My claim arose on: 11 21 2003
Month Day Year

6. Give a brief statement of the accident or incident on which the claim for damages to property or for personal injury is based. (Use back of this sheet if necessary.)

claimants vehicle shot by convoy leading
warhorse.

7. List in detail the amount of property damage and itemized expenses resulting from the property damage or personal injury: (Attach bills and receipts, if applicable.)

Item Amount

Death of 2 children
2 injured

Total: 14,000

8. I claim as damages: (Indicate amount in U.S. dollars and local currency)

\$ 14,000 local _____

X
(Signature of Claimant)

9. Subscribed before me this 17 day of Dec

Name: _____

Rank: _____

000856